

FILED FEB 24 1942 791

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3922 Connecticut Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 months
years, months or days)

3. (a) PRINT FULL NAME LUCY A. WEST

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife George A. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 17, 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 12 If less than one day
hr. _____ min. _____

9. Birthplace Casey, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation house-wife

11. Industry or business at home

12. Name Geddes 13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Martha Howe 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Reba Swinehart
(b) Address 3922 Connecticut Street

17. (a) removal (b) Date thereof 1-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Terre Haute, Indiana

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) JAN 30 1942 (b) J. T. Gredek
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3922 Connecticut Street (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1942 hour 9 minute 30 AM

21. I hereby certify that I attended the deceased from two weeks 1941 to 1-28 1942
that I last saw her alive on 1-28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary (Chronic) also Nephritis Chronic
With Myocardial changes with senile
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature Edw. J. P. [illegible] (M. D. or other) _____
Address 4500 Olive St Date signed 1/29/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed L. R. Cooper
Licensed Embalmer No. 2633
P. O. Address 2317 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.